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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> G5005.0028<br><b>First Inventor</b> Annick Reiner<br><b>Title</b> CURATIVE AIR-CONDITIONING DEVICE<br><b>Express Mail Label No.</b> |  |
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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b> MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>14</b> ]<br><small>(preferred arrangement set forth below)</small><br><ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b> ]<br>5. Oath or Declaration [Total Sheets <b>  </b> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i><br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small><br>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input checked="" type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br><small>Applicant must attach form PTO/SB/35 or its equivalent.</small><br>17. <input checked="" type="checkbox"/> Other: <b>Claim for Priority</b> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

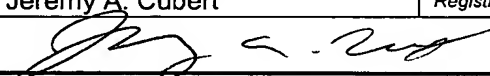
  

**19. CORRESPONDENCE ADDRESS**

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| <input checked="" type="checkbox"/> Customer Number: <b>32172</b> | <input checked="" type="checkbox"/> Correspondence address below |
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| <b>Signature</b>  | <b>Date</b> November 13, 2003                   |



13281 U.S. PTO

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032  
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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>   |                  | <b>Complete if Known</b>          |                       |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|---|------------------|-----------------------------------|-----------------------|--|-------------------|-------------------|------------------|-----------------------------------|----------|-----------|----------------|-----------|----------|------|-----|------|-------------------|-------------------------------------|--------|------|-----|------|-----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|---------------------------|--------|------|--------|---|--------|---|-----|--------------|----|--|--|-----------------|----------|----------|----------|---|----------|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|--|--|------|-----|------|-----|--|--|---------------------------|-----|------|-----|--------------------------|--------|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---------------------------|--|--|--|--|------|---|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|--------|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|---------------------------|--|--|--|--|--------|---|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|---------------------------|--|--|--|--|--------|--|--|--|--|--|--|-------------------|------------------|-----------------------------------|--------|-----------|----------------|-----------|--|--|--|------|-------------------|
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;"><b>TOTAL AMOUNT OF PAYMENT</b></td><td style="width: 70%;">(\$ ) 530.00</td></tr></table>   |                  | <b>TOTAL AMOUNT OF PAYMENT</b>    | (\$ ) 530.00          | Application Number   | Not Yet Assigned  |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|   |                  | <b>TOTAL AMOUNT OF PAYMENT</b>    | (\$ ) 530.00          |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|   |                  | Filing Date                       | Concurrently Herewith |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|   |                  | First Named Inventor              | Annick Reiner         |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|   |                  | Examiner Name                     | Not Yet Assigned      |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|   |                  | Art Unit                          | N/A                   |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
|   |                  | Attorney Docket No.               | G5005.0028            |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>METHOD OF PAYMENT</b> (check all that apply)<div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Check</div><div><input checked="" type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> None</div></div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Deposit Account:<br/>Deposit Account Number: 50-2215<br/>Deposit Account Name: Dickstein Shapiro Morin &amp; Oshinsky LLP</div><div style="margin-top: 5px;">The Director is authorized to: (check all that apply)<div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div><div style="margin-top: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div><div style="margin-top: 5px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div></div></div><div style="width: 50%;"><b>FEE CALCULATION</b> (continued)<br/><b>3. ADDITIONAL FEES</b><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr><tr><td colspan="5"><b>SUBTOTAL (3)</b> (\$ )</td><td>0.00</td></tr></tbody></table></div><tr><td colspan="4"><b>1. 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Cubert</td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td style="width: 20%;">40,399</td><td style="width: 20%;">Telephone</td><td style="width: 20%;">(202) 785-9700</td></tr><tr><td>Signature</td><td colspan="3"></td><td>Date</td><td>November 13, 2003</td></tr></table></td></tr></div> |                  |                                   |                       | Large Entity   |                   | Small Entity      |                  | Fee Description                   | Fee Paid | Fee Code  | Fee (\$)       | Fee Code  | Fee (\$) | 1051 | 130 | 2051 | 65                | Surcharge - late filing fee or oath |        | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805                      | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |        | 1251  | 110 | 2251         | 55 | Extension for reply within first month |  | 1252            | 420      | 2252     | 210      | Extension for reply within second month |          | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal                                   |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal                     |  | 1403                      | 290 | 2403 | 145 | Request for oral hearing |        | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (3)</b> (\$ ) |  |  |  |  | 0.00 | <b>1. 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| Large Entity  |                  | Small Entity                      |                       | Fee Description  | Fee Paid          |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Fee Code  | Fee (\$)         | Fee Code                          | Fee (\$)              |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1051  | 130              | 2051                              | 65                    | Surcharge - late filing fee or oath  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1052  | 50               | 2052                              | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1053  | 130              | 1053                              | 130                   | Non-English specification  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1812  | 2,520            | 1812                              | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1804  | 920*             | 1804                              | 920*                  | Requesting publication of SIR prior to Examiner action                     |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1805  | 1,840*           | 1805                              | 1,840*                | Requesting publication of SIR after Examiner action                        |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1251  | 110              | 2251                              | 55                    | Extension for reply within first month                                     |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1252  | 420              | 2252                              | 210                   | Extension for reply within second month                                    |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1253  | 950              | 2253                              | 475                   | Extension for reply within third month                                     |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1254  | 1,480            | 2254                              | 740                   | Extension for reply within fourth month                                    |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1255  | 2,010            | 2255                              | 1,005                 | Extension for reply within fifth month                                     |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1401  | 330              | 2401                              | 165                   | Notice of Appeal   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1402  | 330              | 2402                              | 165                   | Filing a brief in support of an appeal                                     |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1403  | 290              | 2403                              | 145                   | Request for oral hearing   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1451  | 1,510            | 1451                              | 1,510                 | Petition to institute a public use proceeding                              |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1452  | 110              | 2452                              | 55                    | Petition to revive - unavoidable   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1453  | 1,330            | 2453                              | 665                   | Petition to revive - unintentional   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1501  | 1,330            | 2501                              | 665                   | Utility issue fee (or reissue)   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1502  | 480              | 2502                              | 240                   | Design issue fee   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1503  | 640              | 2503                              | 320                   | Plant issue fee  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1460  | 130              | 1460                              | 130                   | Petitions to the Commissioner  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1807  | 50               | 1807                              | 50                    | Processing fee under 37 CFR 1.17(q)  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1806  | 180              | 1806                              | 180                   | Submission of Information Disclosure Stmt                                  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 8021  | 40               | 8021                              | 40                    | Recording each patent assignment per property (times number of properties) |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1809  | 770              | 2809                              | 385                   | Filing a submission after final rejection (37 CFR 1.129(a))                |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1810  | 770              | 2810                              | 385                   | For each additional invention to be examined (37CFR 1.129(b))              |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1801  | 770              | 2801                              | 385                   | Request for Continued Examination (RCE)                                    |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1802  | 900              | 1802                              | 900                   | Request for expedited examination of a design application                  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Other fee (specify) _____   |                  |                                   |                       |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| *Reduced by Basic Filing Fee Paid   |                  |                                   |                       |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| <b>SUBTOTAL (3)</b> (\$ )   |                  |                                   |                       |  | 0.00              |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>385.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b> (\$ )</td><td>385.00</td></tr></tbody></table>   |                  |                                   |                       | Large Entity   |                   | Small Entity      |                  | Fee Description                   | Fee Paid | Fee Code  | Fee (\$)       | Fee Code  | Fee (\$) | 1001 | 770 | 2001 | 385               | Utility filing fee                  | 385.00 | 1002 | 340 | 2002 | 170 | Design filing fee                                       |  | 1003 | 530 | 2003 | 265 | Plant filing fee          |  | 1004 | 770   | 2004 | 385   | Reissue filing fee                                     |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                 |  | <b>SUBTOTAL (1)</b> (\$ ) |        |      |        |   | 385.00 | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b> (\$ )</td><td>145.00</td></tr></tbody></table> |     | Large Entity |    | Small Entity                           |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code                                | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20                 |  | 1201 | 86    | 2201 | 43  | Independent claims in excess of 3       |  | 1203 | 290   | 2203 | 145   | Multiple dependent claim, if not paid  |  | 1204 | 86  | 2204 | 43  | ** Reissue independent claims over original patent |  | 1205 | 18  | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> (\$ ) |     |      |     |                          | 145.00 |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Large Entity  |                  | Small Entity                      |                       | Fee Description  | Fee Paid          |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Fee Code  | Fee (\$)         | Fee Code                          | Fee (\$)              |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1001  | 770              | 2001                              | 385                   | Utility filing fee   | 385.00            |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1002  | 340              | 2002                              | 170                   | Design filing fee  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1003  | 530              | 2003                              | 265                   | Plant filing fee   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1004  | 770              | 2004                              | 385                   | Reissue filing fee   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1005  | 160              | 2005                              | 80                    | Provisional filing fee   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| <b>SUBTOTAL (1)</b> (\$ )   |                  |                                   |                       |  | 385.00            |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Large Entity  |                  | Small Entity                      |                       | Fee Description  | Fee Paid          |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Fee Code  | Fee (\$)         | Fee Code                          | Fee (\$)              |  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1202  | 18               | 2202                              | 9                     | Claims in excess of 20   |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1201  | 86               | 2201                              | 43                    | Independent claims in excess of 3  |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1203  | 290              | 2203                              | 145                   | Multiple dependent claim, if not paid                                      |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1204  | 86               | 2204                              | 43                    | ** Reissue independent claims over original patent                         |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| 1205  | 18               | 2205                              | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                   |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| <b>SUBTOTAL (2)</b> (\$ )   |                  |                                   |                       |  | 145.00            |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| <div style="display: flex; justify-content: space-between;"><div><b>SUBMITTED BY</b></div><div><b>(Complete if applicable)</b></div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Name (Print/Type)</td><td style="width: 20%;">Jeremy A. Cubert</td><td style="width: 20%;">Registration No. (Attorney/Agent)</td><td style="width: 20%;">40,399</td><td style="width: 20%;">Telephone</td><td style="width: 20%;">(202) 785-9700</td></tr><tr><td>Signature</td><td colspan="3"></td><td>Date</td><td>November 13, 2003</td></tr></table>  |                  |                                   |                       |  |                   | Name (Print/Type) | Jeremy A. Cubert | Registration No. (Attorney/Agent) | 40,399   | Telephone | (202) 785-9700 | Signature |          |      |     | Date | November 13, 2003 |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Name (Print/Type)   | Jeremy A. Cubert | Registration No. (Attorney/Agent) | 40,399                | Telephone  | (202) 785-9700    |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |
| Signature   |                  |                                   |                       | Date   | November 13, 2003 |                   |                  |                                   |          |           |                |           |          |      |     |      |                   |                                     |        |      |     |      |     |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |                           |        |      |        |   |        |   |     |              |    |  |  |                 |          |          |          |   |          |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |  |  |      |     |      |     |  |  |                           |     |      |     |                          |        |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                           |  |  |  |  |      |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                           |  |  |  |  |        |   |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                           |  |  |  |  |        |  |  |  |  |  |  |                   |                  |                                   |        |           |                |           |  |  |  |      |                   |